

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Uprone MASSEY

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

-against-

CAPTAIN holder
E.S.U CAPT John Doe (Tm)
CITY of New York

COMPLAINT
(Prisoner)

Do you want a jury trial?
☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Tyronne H Massey
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

8952000522

Prisoner ID # (If you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

MANHATTAN DETENTION COMPLEX

Current Place of Detention

125 White Street

Institutional Address

New York NY 10013
County, City State Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

holder

First Name	Last Name	Shield #
CAPTAIN		
Current Job Title (or other identifying information)		
125 WHITE STREET		
Current Work Address		
NY NY 10013		
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
John	Doe	
Current Job Title (or other identifying information)		
CAPTAIN (Emergency Service Unit) (im)		
Current Work Address		
75-20 ASTORIA BOULEVARD (im)		
EAST ELMHURST N.Y. 11370 (im)		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
	CITY OF NEW YORK	
Current Job Title (or other identifying information)		
GOVERNMENT		
Current Work Address		
CITY HALL		
NEW YORK NEW YORK 10007		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: MANHATTAN DETENTION COMPLEX
9 South

Date(s) of occurrence: Sept 4, 2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

ON SEPT 9, 2020 between 7:30pm - 9pm while experiencing A mental health crisis I WAS CUTTING MYSELF CAPTAIN HOLDER WAS AWARE AND DID NOTHING ~~REACHING~~ TO STOP ME IN DEESCALATE SITUATION And did not try to get me medical ATTENTION breaching her duty OF CARE and violating N.Y.C D.O.C policy and procedure she was deliberately indifferent to And violated my 8TH Amendment constitutional rights ~~she also violated my 14TH Amendment constitutional rights~~
~~she also violated my 14TH Amendment constitutional rights~~
~~she also violated my 14TH Amendment constitutional rights~~
~~she also violated my 14TH Amendment constitutional rights~~
~~she also violated my 14TH Amendment constitutional rights~~
AT 9 pm despite being suicidal bleeding from open wounds defendants told me to lock in - go inside my cell. defendants multiple times told me to kill myself cause I wasn't gonna get medical attention. After being locked in my cell I WAS MALICIOUSLY SPRAYED WITH CHEMICAL AGENTS THE CITY IS AWARE OF

N.Y.C DEPT OF CORRECTIONS employees denying me and inmates medical attention and not following policy and procedures and has failed to adequately train supervise or discipline custodians. I did not file a grievance because STAFF COMPLAINTS ARE NOT SUBJECT TO grievance process and I AM CONSTANTLY RETALIATED AGAINST by N.Y.C D.O.C employees when I do make complaints N.Y.C D.O.C employee S HAS physically/sexually ASSAULTED/ABUSED me CONSTANTLY verbally and emotionally and physically intimidating me

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

lACERATIONS To my body, burning sensation of skin and eyes, irritation to skin, eyes and genitals lACERATIONS cleaned and dressed ~~and~~ decontaminated And ongoing mental health services - physical/mental pain and suffering post TRAUMATIC STRESS, Anxiety

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

Compensatory damages relief - \$5 million
 General damages relief - \$5 million
 punitive damages relief - \$5 million
 Future damages relief - \$5 million
 Actual damages relief - \$5 million

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Sept 22, 2020
Dated

[Signature]
Plaintiff's Signature

Tyrone
First Name

H
Middle Initial

MASSEY
Last Name

125 white street
Prison Address

NY
County, City

NY
State

10013
Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

Sept 23, 2020

RECEIVED
SDNY PRO SE OFFICE
2020 SEP 29 AM 9:14

Throne Massey
895200522
125 White Street
N.Y. 10007

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SDNY

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New York, New York 10007
Pro Se Office

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